

RESIDENTIAL TREATMENT EXPANSION CONSORTIUM

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

1. I freely and voluntarily authorize Rimrock Foundation, 1231 North 29th Street, Billings, MT, and the Residential Treatment Expansion Consortium (RTEC), and

Patient Name: _____ Date of Birth: _____

Address _____

to use, disclose, discuss, and exchange with each other the following information:

2. The type and amount of information to be used or disclosed is as follows:

Treatment Information Necessary for Outcome Evaluation and Quality Monitoring: Patient Information Form, Outcome Surveys, application forms, and releases.

3. Records may be disclosed via fax or mail.

4. For purpose of: Treatment Outcome Evaluation and Quality Monitoring.

5. I understand that I have a right to revoke this authorization at any time. To revoke this authorization, I must submit a written request to the Medical Records Department at Rimrock Foundation. I understand that the revocation will not apply to information that has already been released in response to this authorization.

6. This authorization will expire one year following discharge from 3.1 level of treatment.

7. Treatment will not be conditioned on the provision of this authorization.

8. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure, and the information may no longer be protected by federal confidentiality rules.

9. I have received a copy of this authorization.

Signature of Patient Date

Witnessed By Date

Parent/Personal Representative Date

Witnessed By Date

NOTICE TO WHOMEVER DISCLOSURE IS MADE: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.